FILED
Jun 02, 2003 8:00 am
Secretary of State

05-02-2003 90225 007 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

P02000031926

1. Entity Name: David S. Magram, P.A.
1031 Iver Dairy Road, Suite 228
North Miami Beach FL 33179
#P02000031926

DO NOT WRITE IN THIS SPACE

55045738

2. Principal Place of Business		3. Mailing Address	
1031 Iver Dairy Road		1031 Iver Dairy Road	
Suite, Apt. #, etc. Suite 228		Suite, Apt. #, etc. Suite 228	
City & State North Miami Beach, FL		City & State North Miami Beach FL	
Zip 33179	Country	Zip 33179	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For	Not Applicable
753048406	☐	☐

5. Certificate of Status Desired ☐ $8.75

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7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00

10. OFFICERS AND DIRECTORS

TITLE	PD	TITLE	PD
NAME	David S. Magram	NAME	David S. Magram
STREET ADDRESS	1031 Iver Dairy Road Suite 228	STREET ADDRESS	801 N.E. 167th ST. Second Floor
CITY-ST-ZIP	North Miami Beach FL 33179	CITY-ST-ZIP	North Miami Beach FL 33162
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: ______ 4/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #